STATE OF MARYLAND state Very CERTIFICATE OF DEATH should si Noi Registration Dist. No. OCCUPATION [If death occurred in PHYSICIANS -Ward) (No.... a hospital or institution, RECORD give its NAME instead of street and number. ] o MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement ERMANENT EXACTLY. 5 SINGLE. 3 SEX MARRIED, WIDOWED. BINDING (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY That I attended deceased from tated 6 DATE OF BIRTH Exa classified. (Month) (Day) (Year) pe 7 AGE If LESS than and that death occurred on the date stated above, at // 30 pinous 1 day .....hrs. The CAUSE OF DEATH \* was as follows: S OR ..... mlo. ? properly BOCCUPATION AGE (a) Frade, profession, er ERVED particular kind of work supplied. (b) General nature of Industry. be business, or establishment lo ADING (Duration) may which employed (or employer) Contributory. certificate. 9 BIRTHPLACE (State or country (Secondary) carefully UNF that C 10 NAME OF FATHER 0 8 jo MARGIN pe back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country pinous \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-00 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain Instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place In the OF MOTHER (State or country EATH \_\_\_\_ yrs. .... State ...... yrs, \_\_\_\_\_ mos. Where was disease contracted, If oot at place of death? Jo Q Item OF osual residence mportant. CAUSE OR BEMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S/ No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional; line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "PUERPERAL septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Examples: For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DATE OF BURIAL

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RECORD	PHYSICIANS should state t of OCCUPATION is very
WALLE PLAINET, WITH UNFABING INA-IBIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or Gity Mutual No. 120 2 FULL NAME NO. Thoma	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 50  St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Now Colord RACE Single, Married, Missel Orlond (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH 2 , 1500 (Month) (Day) (Year) 7 AGE	that I last saw h alive on AC A. 1915 and that death occurred on the date stated above, st. 2 A. m.
6 3 yrs ds.   1 day,hrs.   0 cr min. ?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work.  Mullianum  Mul	Mitra Steveza
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 2 yrs mos ds.
9 BIRTHPLACE (State or country) Culvut	Gentributory (Secondary) (Ouration) vrs. mos. ds
10 NAME OF JUST & BOOKS	(Signed) Affrica Freak Ruy, M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
12 MAIDEN NAME OF MOTHER Surch our Brown	TAL, SÜICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Culture Co	At place In the of death yrs mos ds. State yrs, mos ds.
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Down Cruz m	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Juny 19, 1913
Filed Gleb= 3, 191. 3 Horge Elevan	20 UNDERTAKER APDRESS APORESS AND CRUCK
- A tat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indishould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. Civil engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: But in many (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. childbirth or miscarriage, as "Pubrebeal septichaeetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemla," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg ture of the American Mcdicai Association.) "Contributory." oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For VIO-

OCCUPATION PHYSICIANS RECORD ERMANENT be may 80 of o plain instructions = DEATH 0 PO Item Every item CAUSE OF Important. m

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in St.; Ward) a hospital or lostitution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE unav WIDDWED, (Month) (Day) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from S DATE OF BIRTH (Year) (Day) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at # 1 day hrs. OR ..... 7 8 OCCUPATION (a) Trade, profession, or anner particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State yrs. mcs. ds Where was disease contracted. it not at place of death? .. Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER langinan if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None CAUSING DEATH, state occupation at heginning of Illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may he entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should he used only when needed. additional line is provided for the latter statement; the nature of the huslness or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death all death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonacum, etc.. Carcinossis of lungs, meninges, peritonacum, etc.. Carcinossis of lungs, meninges, peritonacum, etc...

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "PUERPERAL septichar-"Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Dropsy," "Exhanstion," ture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for maily nant neoplasms); Measles; Whooping cough; Chronical oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may he stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:

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Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

PLACE OF DEATH	316
County Calvirl	
Village or City Transi	(No,,
* FULL NAME	Xvis

#### STATE OF MARYLAND CERTIFICATE OF DEATH

**Coccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or contributory (Secondary)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind employed (or employer)  **Soccupation (a) frade, profession, or particular kind empl	Village or City Frague (No	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
MARRIED  WOOWED  ORDINORCED  (Write the word)  F DATE OF BIRTH  ORDINORCED  (Write the word)  F AGE  ORDINORCED  (Write the word)  (Month)  (Day)  (Year)  If LESS than I day, hrs. OR min.?  COCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Contributory (Secondary)  Contributory (Secondary)  Contributory (Secondary)  Ouration)  Yrs. mos.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
If LESS than 1 day, hrs. OR min.?  **OCCUPATION (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE (State or country)  **DUALITY Co MAN OF Ouration)  **Duration of Industry (Secondary)	Finale Colored (Write the word)  8 DATE OF BIRTH	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from , 191 , to , 191,
(a) Frade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  PRINTPLACE (State or country)  Output	7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
TO NAME OF	particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(Secondary)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  OF MOTHER  A PARA  A place  In the	11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE  13 BIRTHPLACE	*State the DISBASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
the above is true to the Best of My Knowledge  the theorement that the best of My Knowledge is the true to the Best of My Knowledge if out at place of death?  Former or usual residence.	tntormant)  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My Knowledge  The Above is true to the Best of My	Where was disease contracted, If oot at place of death?  Former or usual residence.
Filed Tel-4, 191.3 January Eleven 3° UNDERTAKER LADRESS	Filed Feb. 4, 191.3 Gronget Eterson	2° UNDERTAKER AQPRESS

[Approved by U. S. Census and American Public Health Association.]

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cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUEBPEBAL peritonitis," childbirth or miscarriage, as "PUERPERAL scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of \_\_ Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Measles (disease causing death), 29 "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Can-"Exhaustion," Examples: For vio-

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

certificate.

See Instructions on back of

Important.

Every Item of Information should be CAUSE OF DEATH in piain terms, so

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PERMANENT

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WITH

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1 PLACE OF DEATH

317

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

if death occurred in spital or institution, its NAME instead treet and number.]

V	'illage or City (No	St; Ward)	a hospital or institution give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I	EATH
35	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATA (Month)  17 I HEREBY CERVIFY, That I at	/6, 1913 (Day) (Year)
8 0	(Month) (Day) (Year)	that I last saw halive on	191
7 A	GE   If LESS than 1 day,hrs. ORmig. ?	and that death occurred on the date stated ab The CAUSE OF DEATH* was as follows:	ove, atm
(a pa	CCUPATION ) Frade, profession, or rticular kind of work	Still oon	
bus Wh	General nature of Industry, siness, or establishment in ich employed (or employer)	Contributory (Secondary)	yrsds
	10 NAME OF Caines On Trois	//	yrsmosds
RENTS	11 BIRTHPLACE (STATHER (State or Country) Calvert Co Mid  12 MAIDEN NAME SA	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2) TAL, SUICIDAL, Or HOMICIDAL.	dothe from Vrozwa
4	13 BIRTHPLACE OF MOTHER (State or country) Calvin Co mid	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INS OR RECENT RESIDENTS) At place In the	TITUTIONS, TRANSIENTS
14-	Informant) as True to the BEST OF MY KNOWLEDGE	Where was disease contracted, If oot at place of death?  Former or usual residence	
1 5 Fil	Address . George Feterson	St Johns am & Church	PARESS

If more hlanks are needed, address State Registrar, 6/E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Women at home, who are engaged in the return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "PUREPERAL scptichacetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," -figart failure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acciter" is less definite; avoid use of "Tumor" for mails If this certificate is looked over thoroughly and all ques-The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: For vio-

B. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 318	STATE OF MARYLAND CERTIFICATE OF DEATH
. Po pt	Registered No.
Village or City Cum (No	St; Ward)  St; Ward)  [It death occurred la a hospital or institution, give its NAME instead of streel and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, WIDOWEO, WIDOWEO, OR DIVORCEO (Write the word)  8 DATE OF BIRTH  Oct  23 1912	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from 191, 191,
(Month) (Day) (Year)	that I last saw halive on, 191
7 AGE 11 LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	- Flat Read -
business, or establishment in which employed (or employer)	(Doratioo) yrsmos
9 BIRTHPLACE (State or country) Mary Cores	Contributory (Secondary)  (Doration) yrs mos ds
10 NAME OF FATHER CLEAS JOSEPHS  11 BIRTHPLACE	(Signed) A Pollet Defender of Reg. 11.0.
Z OFFATHER (State or country) / Cery(cer)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary Caked	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIEMTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds,
Informant) Reference of the Best of MY Knowledge	Where was disease contracted, If not at place of death?  Former or osual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)  15 Filed Jany 28 1815  E. HHtermore	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UN DERDAKER  ADDRESS
If more blanks are needed, address State Registra	r, 6 B. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heglining of IIIof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; first line will he sufficient, e. g., applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to tilue and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-tirospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purereral septichacetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." scpsis, tctanus) may he stated under the head of lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehillty" ("Conample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples:

County Calact  County Calact  Willage or Gi y Structivey bring (No. St; Ward)  PERSONAL AND STATISTICAL PARTICULARS  BEEX  **COLOR OR RACE SURVEY, Marriv  (Nonth) (Day (Noat)  (Noat)  TAGE  **GOCUPATION  (a) fras, priestien, or (a) frast or flow of the price of country  (b) Beard astree of indistry, bringings, or establishmant in which applies or establishmant in which applies (or establishmant in which applies (or country)  10 NAME OF COUNTRY  (Size or country)  11 NAME OF CAUSE OF DEATH  (Size or country)  (Size or country)  12 MAINER MARK  OF MOTHER MARK  OF MOTHER MARK  OF MOTHER MARK  13 BIRTHPLACE (State or country)  (Size or country)  (Internal)  14 MARK  15 MARK  (Signes)  15 MARK  (Signes)  16 MARK  (Signes)  16 MARK  (Signes)  17 MARK  (Signes)  18 MARK  (Signes)  19 MARK  (Signes)  10 NAME  (Signes)  11 MARK  (Signes)  12 MAINER MARK  OF MOTHER MARK  OF MOTHER MARK  OF MOTHER MARK  (Signes)  13 MARK  (Signes)  14 MARK  (Signes)  15 MARK  (Signes)  16 MARK  (Signes)  17 MARK  (Signes)  18 MARK  (Signes)  19 MARK  (Signes)  10 NAME  (Signes)  10 NAME  (Signes)  10 NAME  (Signes)  11 MARK  (Signes)  12 MAINER MARK  OF MOTHER MARK  OF MOTHER MARK  (Signes)  13 MARK  (Signes)  14 MARK  (Signes)  15 MARK  (Signes)  16 MARK  (Signes)  17 MARK  (Signes)  18 MARK  (Signes)  19 MARK  (Signes)  10 MARK  (Signes)  10 MARK  (Signes)  10 MARK  (Signes)  11 MARK  (Signes)  12 MARK  (Signes)  13 MARK  (Signes)  14 MARK  (Signes)  15 MARK  (Signes)  16 MARK  (Signes)  17 MARK  (Signes)  18 MARK  (Signes)  19 MARK  (Signes)  19 MARK  (Signes)  19 MARK  (Signes)  10 MARK  (Signes)  10 MARK  (Signes)  10 MARK  (Signes)  11 MARK  (Signes)  12 MARK  (Signes)  13 MARK  (Signes)  14 MARK  (Signes)  (Signes)  15 MARK  (Signes)  (Signes)  16 MARK  (Signes)  (S		1 PLACE OF DEATH 319	STATE OF MARYLAND
Village or Ci y Juling Frug (No.  2 FULL NAME Julia Jornes St; Ward) a sentile restriction of the state and number; de street and nu		Calment	CERTIFICATE OF DEATH
Village or GI y Preserved to the series of t	Co	ounty	(40) Registered No. 57
PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOROR RACE  5 SINGLE  WOONED  THEREBY GERTIFY. That I attended deceased from  1910. to feller  1912. to feller  MALLING  WOONED  TO FALL  WOONED  TO FALL  WOONED  WOONED  TO FALL  WOONED  WOONED  TO FALL  WOONED  WOONED  TO FALL  WOONED  TO FALL  WOONED  WOONED  TO FALL  WOONED  TO FALL  WOONED  WOONED  TO FALL  WOONED  WOONED  TO FALL  WOONED  TO FALL  WOONED  WOONED  TO FALL  WOONED  WOONED  TO FALL  WOONED  TO FALL  WOONED  WOONED  TO FALL  WOONED  TO FALL  WOONED  WOONED  TO FALL  WOONED  WOONED  TO FALL  WOONED  TO FALL  WOONED  WOONED  TO FALL  WOONED  TO FALL  WOONED  WOONED  TO FALL  WOONED  TO FALL  WOONED  TO FALL  WOONED  WOONED  TO FALL  WOONED  TO FALL  WOONED  TO FALL  WOONED  TO FALL  WOONED  WOONED  TO FALL  WOONE  TO FALL  WOONED  TO FALL  TO FALL  WOONED	V	0	St; Ward) a hospital or institution, give its NAME instead
SEX  4 COLOR OR RACE  SINGLE, MARRIED, MARKED  DATE OF BIRTH  MOONTH)  (Day)  (Nonth)  (Non		2 FULL NAME JULIU ()	
Finalle Black (Woomed Mann)  From Ale Black (Woomed Mann)  Date of Birth  Mary Main a Recognition of Manne (Month)  (Month)  (Day)  (Year)  Tage  It LESS than and that death occurred on the date stated above, at 20 km. The CAUSE OF DEATH* was as follows:  Contributory Aware for particular kind of work  Bellet Part Part Country  Bellet Part Part Country  Dank of State or country  Dank of Mother Many Bros me  (Signed)  (Sign		PERSONAL AND STATISTICAL PARTICULARS	
Contributory  Trace  Tr	3 SI	MARRIED, MUNICIPAL WIDOWED, MUNICIPAL WIDOWED,	(Month) (Day) (Year)
TAGE  (Month) (Day) (Year)  TAGE  (Month) (Day) (Year)  TAGE  (Month) (Day) (Year)  It LESS saw how a say located above, at \$\frac{1}{2}\$ & m. \$\frac{1}\$ & m. \$\frac{1}{2}\$ & m. \$\frac{1}{2}\$ & m. \$\frac{1}{2}\$ & m. \$\frac{1}{2}\$ & m. \$\frac	6 D		
TAGE  Month  Mon		Trat oblain able ,1	00000
BOCCUPATION  (a) Trade, protession, or Harrie Marie Info particular kind of work with a wind of the protession of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  PATHER  OF PATHER  (State or country)  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER  (State or country)  14 BIRTHPLACE OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (Informant)  (Informant)  OR ACCUPATION  (Address)  Contributory  (Secondary)  (S	7 A	It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 2 a.m.
(Signed)  Separation of Industry, business, or establishment in which employed (or employer)  Berthplace (State or country)  Mode (Secondary)  Signed)  Signed)  Signed)  Signed of Father of Country  (Signed)  Signed of Father of Country  (Signed)  Signed of Father of Country  Signed of Contributory of Signed  Signed of Contributory  Signed of Contributo	(a	OCCUPATION  Trade, protession, or Allagras, bal	Ensold and
(State or country)  Moder    10 NAME OF FATHER John Director   (Signed)   (Si	(b)	Beneral nature of industry, iness, or establishment in	4 0 7
10 NAME OF FATHER John Junolin (Signed). I leitele M. D.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Wary Broome  13 BIRTHPLACE OF MOTHER Wary Broome  13 BIRTHPLACE OF MOTHER Wary Broome  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informani) Por Jones  (Address) Hundring brown Mark  (Address) Hundring brown Mark  (Address) Hundring brown Mark  15 Filed Filed Possible Of Burial OR REMOVAL  16 Signed) M. D.  State Causing Death, or, in deaths from Violent Causes, state (1) Means of Insular; and (2) whether Accident Tall, Suicidal, or Hosicidal.  18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents)  At place of death yrs, mos, ds.  Where was disease contracted, if not at place of death?  Former or	9 BI	RTHPLACE (ate or country) md,	(Secondary) /
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  (Address)  15 Authors  REGISTRAR  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  16 CAUSES, State (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  17 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  **State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  **State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  19 PLACE OF BURIAL OR REMOVAL  ***JURICAL STATES OF MY KNOWLEDGE OF BURIAL OR REMOVAL  ***JURICAL STATES OF MY KNOWLEDGE OF BURIAL OR REMOVAL  ***JURICAL STATES OF MY KNOWLEDGE OF BURIAL OR REMOVAL  ***JURICAL STATES OF MY KNOWLEDGE OF BURIAL OR REMOVAL  ***JURICAL STATES OF MY KNOWLEDGE OF BURIAL OR REMOVAL  ***JURICAL STATES OF MY KNOWLEDGE OF BURIAL OR REMOVAL  ***JURICAL STATES OF MY KNOWLEDGE OF BURIAL OR REMOVAL  ***JURICAL STATES OF MY KNOWLEDGE OF BURIAL OR REMOVAL  ***JURICAL STATES OF MY KNOWLEDGE OF BURIAL OR REMOVAL  **JURICAL STATES OF MY KNOWLEDGE OF BURIAL OR REMOVAL  **JURICAL STATES OF MY KNOWLEDGE OF BURIAL OR REMOVAL  **JURICAL STATES OF MY KNOWLEDGE OF BURIAL OR REMOVAL  **JURICAL STATES OF MY KNOWLEDGE OF BURIAL OR REMOVAL  **JURIC		10 NAME OF John Jorden	(Signed) L. W. Leich , M. D.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  18 BIRTHPLACE OF MOTHER (State or country)  (State or country)  (Informant)  (Informant)  (Address)  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  Plied Field 1913  ADDRESS  PLUY, Sewell  COILLAND FINAL	M	(State or country) Muls!	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
Where was disease contracted, If not at place of death?  Former or  usual residence.  (Address)  Filed Fish 6 ,191 3 Milling  REGISTRAR  Where was disease contracted, If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL  ADDRESS  PLUID  20 UNDERTAKER  PLUID  COILLOW FINA  COILLOW FINA  PLUID  COILLOW FINA  COILLOW FINA  ADDRESS	4	13 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
(Address) Hunting town my 19 place of Burial OR REMOVAL DATE OF BURIAL  16 State 6, 191 3 Hilling Parker Party Sewell Coilland Find	Car Jones		If not at place of death?
Filed Fish 6, 191 3 Stilling 20 UNDERTAKER Decy, Sewell Collords Find		I duitein when my	
- Coccert Tick		BU	20 UNDERTAKER ADDRESS
A 111 MULT MAMAS, ALT MCTUCH, MULICIA MINIS PRINTERS, ON HEARTH PURE MOUNT MANAGEMENT WITH A VA			

[Approved by U. S. Census and American Public Health Association.]

'essary to know tion is very important, so that the relative healthfulness of various pursults can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of ago been changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) rcturn "Laborer," "Foreman," For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhold disease); Lobar pheumonia; Bronchopneumonia ("Freumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. mus," "Old Age," "Shock," "Uraemla," "Weakness," genltal," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronio interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of ... "Collapse." "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples: For VIO-01

See instructions on back of certificate.

important.

2

80

1 PLACE OF DEATH

If more blanks are needed,

County Culous -	CERTIFICATE OF DEATH Registration Dist. No.
Village or City (No,	St.; Ward)  [It death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, WIOOWEO, OROUVORGEO (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH  (Month) (Day) (Year)	that I last saw halive on
7 AGE   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
a) Frade, profession, or particular kind of work	Stillborn
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory
State or country) Calvil Co nel	(Secondary)
10 NAME OF FATHER John Hothis	(Signed) Lis & Chambert M. D.
State or country) Calvert Co min	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Clu Horris	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERIS
13 BIRTHPLACE OF MOTHER (State or country) Calout Co 700	OR RECENT RESIDENTS)  At place In the of death yrs, mos ds.
Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Core Of 7ml	Is place of Burial or REMOVAL DATE OF BURIAL Struckers am 13 1913
Filed Tet: 4 1913 Georges elexon	20 UNDERTAKER ADDRESS

address State Registrar, 6 E. Franklin St., Balto., Requesting V. S./No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

""Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenciasuch, if impossible to determine definitely. childbirth or miscarriage, as "Purperal schichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronu ver" is less definite; avoid use of "Tumor" for mail: oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

Go	PLACE OF DEATH OUNTY Calvat Co	STATE OF MARYLAND CERTIFICATE OF DEATH
v	* FULL NAME GEORGE COM	Registration Dist. No
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH ANY Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D.	(Month) (Day) (Year)  If LESS than 1 day,hrs.	that I last saw h
(a) par (b)	yrs	The CAUSE OF DEATH* was as follows:  Suplice Eudisericaly
9 BI	ness, or establishmeet in chemployed (or employer)  HTHPLACE tate or country)  Colored Co	Contributory Mulrau Steway (Secondary)  (Deration)  yrs. mos. ds.  (Signed)  Vyrs. mos. ds.
ARENTS	11 BIRTHPLACE (STATE OF COUNTRY)  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Р	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death yrs, mos ds.
(Intermant) The Best of MY KNOWLEDGE		Where was disease contracted, It not at place of death?  Former or usual residence
15 File		19 PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL  PATE OF BURIAL  20 UNDERTAKER  ADDRESS
	If more blanks are needed, address State Registra	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURIPERAL scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness." "Hart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medicai Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic "Contributory." The contributory (secondary or Intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (name origin; "Can "Exhaustion," Examples:

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

County Calucit 322	STATE OF MARYLAND CERTIFICATE OF DEATH
1 -1	Registration Dist. No.
Village or City Backow (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jessale Colored Colored Orbivacce (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	1912, to 1913, that I last saw h == allve on 1000, 478 ,1918
TAGE    It LESS than 1 day,hrs. or mos. ds. or min.?	and that death occurred on the date stated above, at
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
OF TATHER EMANUEL Russell  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Informant) week recell  (Address) where of the difference of the	Where was disease contracted, If not at place of death?  Former or  usual residence.  1º PLACE OF BURIAL OR REMOVAL THE DATE OF BURIAL  Carroll Church Parsto, 191.3  2º UNDERTAKER  ADDRESS
If more blanks are needed, address State Registi	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-tosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichaccause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maran-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) -"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic er" is icss definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin: "Can Examples: cause for

County Calvert	CERTIFICATE OF DEATH
Village or City Dolomone (No.	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME JULIA UMU	1 My Manuel 1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, Married Widowed, Widowed, Widowed, (Write the word)	(Month) (Day) (Year)  I HEREBY CERTIFY, That I attended deceased from
OCKOVER 14, 1861  (Month) (Day) (Year)	1016-17- 1912, to Jaw. 4, 1913, that I last saw h LV allve on Jaw. 4, 1913.
7 AGE    If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Frade, prefession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)	Quelmonary Abscess (probably Duberalay) (Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Verginia	Contributory (Secondary)  (Doration) yrs mos ds.
10 NAME OF Thomas Kelly_	(Signed) & Starter M. D., M. D., Jaw. 7, 191 3 (Address) Dolomons. M. J.
OFFATHER (State or country) Wyguna  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Waginia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant) January Jung Viran	Where was disease contracted, If not at place of death?  Former or usual residence
15 Filed February Stephen Horal REGISTRAR	20 UNDERTAKER ADDRESS  20 UNDERTAKER  PLANNER  ADDRESS  ADDRESS  ADDRESS  ADDRESS
	r, 6 E. Franklin St., Balto:, Requesting V. S. No. 1.

STATE OF MARYLAND

323

1 PLACE OF DEATH

.... . . . . . . .

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# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

, Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). ness. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH. State occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Servant. Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm labbrer, Laborer-Coal "Manager." "Dealer." etc., without more precise specistatement. Never Grocery; (a) Foreman, (b) it should be used only when needed. manc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the return "Laborer," "Foreman, Automobile factory. If the occupation has Farmer or Planter, As examples: For persons (0)

time and causation), using always the same accepted .("Preumonia," "Croup"); Typhoid fever pueumonia"): Labar pneumonia; Bronchopneumonia CAUSING DEATH (the primary affection with respect to Prospinal fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, for the same disease. meningitis"); Diphtheria (avoid use of unqualified, is indefinite); Tubercu-Examples: Cerebrospinal (never report "Typhoid etc.. Carcin-

> ture of the American Medical Association.) cause of death approved by Committee on Nomenclathenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." scpsis, tetanus): may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acolsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Pubperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 affection need not be stated unless important. etc. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitual nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maile. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can. Examples: cause for ds. , To